

LEEANN CHIN APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DIRECTIONS: PLEASE ANSWER EVERY QUESTION. PRINT.

Name _____
LAST FIRST MIDDLE INITIAL E-MAIL ADDRESS TODAY'S DATE

Present Address _____ Phone # _____
STREET CITY STATE ZIP

Permanent Address _____ Phone # _____
STREET CITY STATE ZIP

Are you over eighteen years of age? Yes No

Can you, after employment, submit a work permit if under 18 years of age? Yes No

Do you have a legal right to work in the United States? Yes No

If you are not a citizen, can you submit proof of your legal right to work, if you are offered a job?

Yes No

In case of emergency, notify: _____
NAME ADDRESS PHONE

How were you referred to Leeann Chin? _____

Have you ever worked for us before? Yes No

If yes, where and when _____ Supervisor's Name _____

PLACEMENT INFORMATION

Job applying for: _____ Full-time Part-time

Circle days available: M T W TH F SA SU

Please list hours available (a.m. or p.m.) Mon-Fri _____ Sat. _____ Sun. _____

When could you start work? _____

Do you have any outside activities that would keep you from work? Yes No

If yes, please explain _____

EDUCATION AND TRAINING

School	Name and Location	# of Years Completed	Average Grade
High School			
Business School			
College			
Other			

List scholastic honors, offices held, or activities:

Are you planning to pursue further studies?

Any training or experience that relates to this position?

EMPLOYMENT RECORD

DIRECTIONS: COMPLETE YOUR WORK HISTORY CAREFULLY. BEGIN WITH YOUR PRESENT POSITION OR LAST POSITION HELD AND WORK BACK, SHOWING EACH POSITION WORKED. DO NOT SKIP ANY TIME PERIODS. IF YOU WERE OUT OF WORK, ATTENDING SCHOOL, OR SICK, STATE SO, GIVING DATES. IF YOU DO NOT HAVE PREVIOUS EXPERIENCE, LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE (3) BUSINESS PEOPLE (PERSONAL REFERENCES), NOT RELATIVES, THAT KNOW YOU WELL.

Company Name Street Address, City, State, Zip	Supervisor's Name Company Phone Number	Job You Held Responsibilities	Date Started Mo/Yr	Date Left Mo/Yr	Salary	Reasons for Leaving (If discharged, state reason)

May we contact your present supervisor? Yes No Phone No: (____) _____
 If not, please list two references we may contact (names and telephone numbers):
 _____ (____) _____
 _____ (____) _____

IMPORTANT! PLEASE READ BEFORE SIGNING

I hereby certify that all the information in this employment application is true and complete. I understand that my employment may be terminated for any false statement, or concealment, or failure to answer any question fully and accurately regardless of when it is discovered by Leeann Chin, Inc.

I authorize an investigation of all matters and statements in this application that Leeann Chin, Inc. may deem relevant to my employment. Leeann Chin, Inc. will keep information obtained confidential, except where such information is required to be released by law, order of court, or other authority.

I authorize my previous employers and other persons having information about me to release such information to Leeann Chin, Inc.

I understand that if I am employed by Leeann Chin, Inc. no contract of employment, expressed or implied, will be granted. I further understand that my employment **is considered "at will" and** may be terminated at any time with or without notice, and with or without cause.

I agree that if I become employed with Leeann Chin, Inc., I will be required to read and comply with all rules, policies, and regulations.

SIGNATURE OF APPLICANT

DATE

LEEANN CHIN, INC. IS AN EQUAL OPPORTUNITY EMPLOYER